IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO -- Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yee" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "uneemed" income, transactions, or labilities of a spouse or your dependent child because they meet exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, self, or reporting period? A. Did you, your spouse, or your dependent child: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS end of the reporting period? or by the period of the reporting period? or Receive more than \$200 in uncerned income from any reportable. a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period X Robert William Goodlatte 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State District: Ž **≺** Yes Yes X **₹ ×** × Ş 6 Daytime Telephone: 202- 225- 543(Amendmen 중 ş ₹ For Use by Members, Officers, and Employees X ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive eny reportable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? source during the reporting period? Employee Officer or Employing Office: Termination Date of Termination: U.S. LEGISLATIVE RESOURCE CENTE OUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. MAY 10 PM 12: 19 DELIVERED (Office Use Only) Shanad Staff Filer Type: (If Applicable) ¥98 ¥es 젍 紊 Yes Şe Yes Principal Assistant 풓 중 중 중 공 롱 Z Page 1 of X X X X

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	ğ		Λ				P	7	For a detailed discussion of Schedule A requisements please rafer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent shild (DC), or jointly haid with anyone (JT), in the optional calumn on the far left.	If you report a privately-traded fund that is an Excepte towestiment Fund, please check the "EIF" box.	Exclude: Your personal residence, instuding secont tomes and vecation homes (unless there was renial scores during the reporting period); and any financial named in, or income derived from, a federal sitrement program, including the Thatt Savings Plan.	For an ownership interest is a privately-hald business that is not publicly traded, sinks the name of the business, the mixins of its activities, and its geographic busines in Block A.	For rental and other mel properly held for invest provide a complete address or description, e.g., properly," and a city sed state.	For hank and other cash accounts, total the emount in all interest-bearing accounts. If the total is over \$5,000, list every francial institution where there is more then \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each also hald in the account that supposts the reporting thresholds.	=	Provide complete names of stocks and maked funds (do not use only ticher symbols).	that generated more than \$200 in "uncorned" incom during the year.	production of tracers and with a lab mainted value exceeding \$1,000 at the eral of the reporting period, and this any other reportable exset or source of income	Ē	
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SCHEDULE A - ASSETS & "UNEARNED INCOME" Robert William Goodlatte Page_

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name:

Robert William Goodlatte

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SCHEDULE A ASSETS & "UNEARNED INCOME"	
Name: Robert William Good latte	
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None	e C D M F G E - L X	Value of Asset
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Other Type of Income (Specify: a g , Pastership Income or Farm Income)		
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\$1,000,001-\$5,000,000	`	
Over \$5,000,000	<u> </u>	
Spouss-OC Asset with Income over \$1,000,000*	ă	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robert William Goodlatte,

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Name: Robert William Goodlette	
Page 7 of 9	

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													x Exempt Bond	x Exempt Bond				ounty-	stack		2	a capital gain in excess of \$500, set in a lax-defensed account, and or dependent child.	Intention the production of income, include immercione that i. Provide a brief description of an exchange terrescotte, thream you, your spouse, or dependent children, or the personal residence, writes if generated neutal income. If eat is sold, please choose "partial sele" as the type of	, or exchange transactions that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

Name: RobertWil

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EXCLUDE: Military pey (such as National Guard or Reserve pay), federal retirament programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and emount of any honoraria; list only the source for other spouse semed income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ated at or above the "senior staff" rate was a relationship) are totally prohibited.	\$27,765. The 2018 limit is \$28,050.
Source (include date of receipt for honoraria)	Туре	Amount
Kyann State Evannelise: State of Maryland	Approved Teaching Fee	\$6,000
Christic County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Glern, Feldmann, Darby, and Goodlatte	spowse salary	n/a
RGC Resources	Spouse director compensation	7

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					-	NOTE NUMBER
					Hourisonburg VA IND. Dex Auth. Hosp. Kev. Amb. B/E, listed an alole FDS, is not listed on 2017 FDS because it was redeemed.	NOTES